

City of Arts & Innovation

24th Annual Riverside Festival of Lights Professional Entertainment Application

Entertainer/Group Name:					¬ -, ,	
Performance Type:		_		_	Choral	Dance
∐ I	Ice Sculpting	Magicia	າ Other			_
Brief Description/Music G	enre:					
Primary Contact Name &	Title:					
Contact Number: ()		Fax Number	: ()		
Mailing Address:						
Email Address:						
Web Site Address (if appli	cable): http://					
Note: Please keep in mind that time. If necessary, please come		, , ,	•		,	ed performance
Set/Hourly Rate*: \$						
Time Needed for Set-Up:	15 min	30 min	45 min			
Sets:/Set Lengtl	h: 15 min	30 min	45 min	1 hou	ur 🗌 Ot	:her:
Time Needed for Clean-U	p: 15 min	30 min	45 min			
On-Site Contact Name & ⁻	Title:					
On-Site Contact Number:	()					
Please connect me/ou	r group with the	Production C	ompany.			
I/We are able to perfor	m on multiple da	ates				
Please indicate below the date highly suggest you include alte multiple times, please list the a Start Time is when you begin p to your performance time, depo	rnate dates in the endditional dates on a performing. You will	vent that your fi a separate sheet I be required to	rst choice is unavai of paper and attac check-in with the S	ilable. If you h it to this Fo	/your group wo orm. Please ke	ould like to perform ep in mind that the
First Choice	Alternate Choi	ice <u>i</u>	Alternate Choic	<u></u> <u>:e</u>	Alternate	<u>Choice</u>
Date:	Date:		Date:		Date:	

^{*} The City of Riverside reserves the right to cancel and/or reschedule performance(s) as necessary. Cancelled performances will not be compensated. Set/hourly rates must be approved prior to confirmation.

